## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/520248

CLAIMS AS FILED - PART I									<u> </u>			
L				- PAR() mn 1)	(Column 2)			SMALL EN	TITY	OR		R THAN ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE	7.	RATE	T
BASIC FEE			SMALL EN	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE	14	OR		FEE
EXAMINATION FEE			Satisfies PCT	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations =	1	EXAM, FEE	120	7	-	╂
SE	ARCH FEE	U.S. is ISA =	U.S. is ISA = \$50/\$100 ALL other countries =		\$ 100 / \$ 200 other situations =	1	<del></del>	100	7	EXAM FEE	<b>-</b>	
L		\$ 200 /	\$ 200 / \$ 400		\$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			mi	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			8 m	8 minus 20 =		•		X \$ 25 =		OR	X \$ 50 =	
┡	EPENDENT C			minus 3 =	-			X \$ 100 =		OR	X \$ 200 =	
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT	SENT			1	+ \$ 180 =		OR	+ \$ 360 =	<del>                                     </del>
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	• •	TOTAL	450	OR	TOTAL	
CLAIMS AS AMENDED DADT "												<b></b>
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	
		CLAIMS		HIGH	<u> </u>	(Column 3)	1 1			) .   •	SHALL	EMILLA
AMENDMENT A	1-3-05	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	Minus	- 20		<b>•</b> 0		X \$ 25 =		OR	X \$ 50 =	
	Independent	2	Minus	<del></del> }		• 🔿		X \$ 100 =		OR	X \$ 200 =	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =	
							7	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Oat 4)	٠									
_		(Column 1)		(Calum HIGHE		(Column 3)	_			_		
MENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON I	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
AMENC	Independent	*	Minus	•••		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Γ	+\$ 180 =		OR	+ \$ 360 =	
		Ti	OTAL ADDIT. FEE		OR L	OTAL ADDIT. FEE						
•								_			1	
If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												